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PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

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PTO	UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	4740-002
			First Inventor or Application Identifier	Dexter Chun
	Title	ROBUST RADIO BASE STATION CONTROLLER ARCHITECTURE		
	(Only for new nonprovisional applications under 37 CFR § 1.53(b))		Express Mail Label No.	EL659733909US

PTO
09/826224
04/04/01


APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below) — Descriptive title to the Invention — Cross References to Related Applications — Statement Regarding Fed sponsored R & D — Reference to Microfiche Appendix — Background of the Invention — Brief Summary of the Invention — Brief Description of the Drawings (if filed) — Detailed Description — Claim(s) — Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: Express Mail Certification	

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary statement:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____
 Prior application information: Examiner: Group/Art Unit:

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below
 (Insert Customer No. or Attach bar code label here)

NAME	PATENT TRADEMARK OFFICE		
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type)	Michael D. Murphy	Registration No. (Attorney/Agent)	44,958
Signature	<i>Michael D. Murphy</i>	Date	April 4, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1

These are the fees effective December 29, 1999.

Small Entity payments must be supported by a small entity statement.
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**822.00**

Complete if Known

Application Number	TBA
Filing Date	TBA
First Named Inventor	Dexter Chun
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	4740-002

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commission is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

18-1167

Deposit Account Name

Coats & Bennett, P.L.L.C.

☒ Charge Any Additional Fee Required Under 37 CFR §§1.16 and 1.17☐ Charge the Issue Fee Set in 37 CFR §1.18 at the Mailing of the Notice of Allowance

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	710.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
112	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$)710.00

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	24	-20** = 4 X 18.00 =	72.00
Independent Claims	3	-3** = 0 X 80.00 =	0
Multiple Dependent Claims		X =	

** or number previously paid, if greater; For Reissues, see below

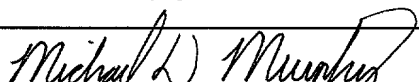
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim	
109	78	209	39	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)72.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examination action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$)40.00

SUBMITTED BYTyped or Printed Name **Michael D. Murphy**

Signature



Date

April 4, 2001

Complete (if applicable)Reg. Number **44,958**Deposit Account User ID **18-1167**

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